

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/734,499
	Filing Date	December 12, 2003
	First Named Inventor	Raanan A. Miller
	Art Unit	2881
	Examiner Name	HASHMI, Zia R.
	Attorney Docket Number	SION-P12-041

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Prior Art Citations AO, AP, AQ, AR Copy of Preliminary Examination Return Receipt Postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	<b>Remarks</b>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	ROPS & GRAY LLP John V. Bianco – Reg. No. 36,748
Signature	
Date	Jan 26, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated:

Signature: (Judith A. Herrick)



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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)

### Complete if Known

Application Number	10/734,499
Filing Date	December 12, 2003
First Named Inventor	Raanan A. Miller
Examiner Name	HASHMI, Zia R.
Art Unit	2883
Attorney Docket No.	SION-P12-041

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____	_____

<u>Fee (\$)</u>	<u>Small Entity</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____	_____	_____	_____

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50	(round up to a whole number) x _____	= _____	<u>Fees Paid (\$)</u>

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

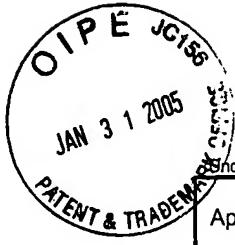
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

<b>SUBMITTED BY</b>		<i>[Signature]</i>	Registration No. (Attorney/Agent)	36,748	Telephone	(617) 951-7973
Name (Print/Type)		John V. Bianco	Date	Jan 26, 2005		

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Dated January 26, 2005

Signature *[Signature]* (Judith A. Herrick)



PTO/SB/92 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/187464

Attorney Docket No.: SION-P02-003

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on January 26 2005  
Date/

Signature

JUDITH A. HERRICK

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Supplemental Information Disclosure Statement (2 pages)  
SIDS (Citation) by Applicant Form PTO/SB/08 (1 page)  
Copies of Cited References AO, AP, AQ, and AR (4 references enclosed)  
Copy of Preliminary Examination (6 pages)  
Certificate of First Class Mailing (1 page)  
Return Receipt Postcard



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MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA  
22313-1450, on the date shown below.  
Date: January 26 2005 Signature: *Judith A. Herrick*  
(Judith A. Herrick)

Docket No.: SION-P12-041  
(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Raanan A. Miller et al.

Application No.: 10/734,499

Confirmation No.: 1612

Filed: December 12, 2003

Art Unit: 2881

For: METHOD AND APPARATUS FOR  
ELECTROSPRAY AUGMENTED HIGH  
FIELD ASYMMETRIC ION MOBILITY  
SPECTROMETRY

Examiner: HASHMI, Zia R.

### SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Supplemental Information Disclosure Statement is filed after the mailing date of a Final Office Action or Notice of Allowance, whichever occurred first, but on or before payment of the Issue Fee (37 CFR 1.97(d)). Applicants hereby petition that the Supplemental Information Disclosure Statement be considered.

Reference AO is being submitted in accordance with 37 CFR 1.97(e), because this reference was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Supplemental Information Disclosure Statement. A copy of the Preliminary Examination is enclosed.

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02/02/2005 ZJUHARI 00000037 181945 1073499  
01 FC:1806 180.00 DA

References AP, AQ, and AR are being submitted in accordance with 37 CFR 1.97(e), because these references were not known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of this Supplemental Information Disclosure Statement and were not cited in counterpart foreign applications.

A copy of the references listed on the PTO/SB/08 are attached.

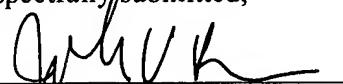
In accordance with 37 CFR 1.97(g), the filing of this Supplemental Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR 1.56(a) exists. In accordance with 37 CFR 1.97(h), the filing of this Supplemental Information Disclosure statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

It is submitted that the Supplemental Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed references.

Please charge our Deposit Account No. 18-1945, under Order No. SION-P12-041 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. SION-P12-041.

Dated: January 26, 2005

Respectfully submitted,

By   
John V. Bianco

Registration No.: 36,748  
ROPES & GRAY LLP  
One International Place  
Boston, Massachusetts 02110-2624  
(617) 951-7000  
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Attorneys/Agents For Applicant



PTO/SB/08a/b (08-03)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/B/PTO				Complete If Known	
<b>SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				Application Number	10/734,499
				Filing Date	December 12, 2003
				First Named Inventor	Raanan A. Miller
				Art Unit	2881
				Examiner Name	HASHMI, Zia R.
	1	of	1	Attorney Docket Number	SION-P12-041

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
AO	6,459,079		10-01-2002	Machlinski et al.	
AP	6,822,224 B2		11-23-2004	Guevremont	
AQ	6,825,461 B2		11-30-2004	Guevremont	
AR	US2004/0232326 A1		11-25-2004	Guevremont	

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)			
					T <sup>6</sup>

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	Date Considered
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